

SEP 17 2004

PTO/SB/22 (06-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PF168P3	
Application Number 10/070,532-Conf. #5548		Filed March 7, 2002	
For Human Neuropeptide Receptor			
Art Unit 1647		Examiner C. J. Nichols	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

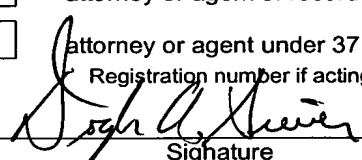
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3425 . I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 47,088

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____



 Signature

 Doyle A. Siever
 Typed or printed name

 September 17, 2004
 Date

 (301) 354-3932
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.



*** Please note request to charge additional fees during the pendency of the application.

IN LIEU OF PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known																																													
		Application Number	10/070,532-Conf. #5548																																												
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		First Named Inventor	Daniel R. Soppet																																												
		Examiner Name	C. J. Nichols																																												
TOTAL AMOUNT OF PAYMENT (\$)		420.00	Art Unit	1647																																											
METHOD OF PAYMENT (check all that apply)		Attorney Docket No.		PF168P3																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		FEE CALCULATION (continued)																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.		3. ADDITIONAL FEES																																													
The Director is authorized to: (check all that apply)																																															
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																															
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) to the above-identified deposit account.																																															
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FEE CALCULATION																																															
1. BASIC FILING FEE																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$)	0.00			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																															
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**or number previously paid, if greater; For Reissues, see above																																															
SUBMITTED BY		(Complete if applicable)																																													
Name (Print/Type)	Doyle A Siever	Registration No. (Attorney/Agent)	47,088	Telephone	(301) 354-3932																																										
Signature		Date	September 17, 2004																																												